U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257, as amended. Falture to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 031 - 80-7	2. Fiscal Year Covered From			
9321	1 / 1 / 1004 Through 12 / \$1 / 2005			
3 Name and address of person filing	4. Name, file number, and address of labor organization			
Name Kevin 0 Sexton	Name Open Local Union 518			
	Labor Organization File Number			
P O. Box, Bidg., Room No , if any 915	P.O. Box, Building and Room Number, if any Scot			
TIA A SPAIRSON	Street 301 S MAIN			
City Carrollton	City Independence			
State M15500- ZIP Code +4 64633	State Missouri ZIP Code + 4 64050			
5. Position in labor organization  Business Manager				
Enter appropriate data below if, during the past fiscal year, you or your spo	uses as minor shild directly as indirectly had any of the following intermets			
(except as specified in the exch	usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any				
P O Box, Bldg., Room No., if any	·			
P O Buc, Balg., Room No., I ally	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
1				
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)				
Signed .	On 8-11-05 816-833-5700  Date Telephone Number			
Form I M-30 (2003)				

Name of Person Filling Kwin D. Seuton	File Number U-	11-807		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9. Business deals with			
Name OPCM Training Fund		ļ		
Trade Name, if any: NA	a. Labor Organization			
P.O Box, Bidg., Room No., if any	<b>Y</b> b Trust  ☐ c. Emptoyer			
Street 105 W 12th Ave				
cay North Kansus Cty				
State Missour; ZIP Code + 4 64/17				
10 If 9.b or 9.c. is checked give trust or employer's name.	11 a. Nature of such dealing.			
Name SEE Above	Trains fund ; post			
Trade Name, if any				
P O Box, Bidg , Room No , if any				
Street	11.b. Approximate dollar value of such dealing			
	12.a. Nature of interest held or income received			
City	12.a. Nature of interest held or income received			
State ZIP Code + 4	12.a. Nature of interest held or income received  Giff Card D. Charstus	<b>.</b>		
		<b>s</b>		
	Gift Card D. Charatma	<b>.</b>		
	Gift Card D. Charatma	3		
	Gift Card D. Charatma	50,00		
State ZIP Code + 4	Gift Card D. Charstune 12 b. Amount.	50,00		
	Gift Card D. Charstune  12 b. Amount.  r parts A and B above)	50,00		
State ZIP Code + 4  C. Received from any employer (other than an employer covered under	Gift Card D. Charstune  12 b. Amount.  r parts A and B above)	50,08		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	Gift Card © Charstus  12 b. Amount.  r parts A and B above) or other thing of value	50.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)	Gift Card © Charstus  12 b. Amount.  r parts A and B above) or other thing of value	50.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name	Gift Card © Charstus  12 b. Amount.  r parts A and B above) or other thing of value	50.00		
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any)  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	Gift Card © Charstus  12 b. Amount.  r parts A and B above) or other thing of value	50.00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City	Gift Card D. Charstus  12 b. Amount.  r parts A and B above) or other thing of value  14.a. Nature of payment.	50.00		

Name of Person Filling KWIN D. Selfon	File Number U- 031 - 807			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8 Name and address of Business (including trade name, If any).	9. Business deals with			
Name Mitchell Capital Mgt				
Trade Name, if any:	a. Labor Organization  b. Trust			
P.O. Box, Bldg., Room No , if any Suite 750	c. Employer			
Street 2600 Grand				
CHY KAUSAY CHY				
State Wissour ZIP Code +4 64108				
10 If 9.b or 9.c. is checked give trust or employer's name	11 a Nature of such dealing			
Name OPCM Fringe Funds	Investment Mgt			
Trade Name, If any: NA				
PO Box, Blog, Room No, if any Sinte #200				
Street 6405 Metralfe	11 b. Approximate dollar value of such dealing.			
city Overland Park	12.a. Nature of interest held or income received			
State KANSAS ZIP Code + 4 66202	Baseball Treles to \$ 285.00			
	Baseball Trekets & 185.00 Football Trekets 600.00			
	12 b. Amount. 875. 2			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(Including trade name, if any)				
Name				
Trade Name, if any:	The state of the s			
P.O. Box, Bldg., Room No , if any				
Street St	The West with the state of the			
City				
State ZIP Code + 4				
	14.b Amount of payment.			

Name of Person Filling Kwin D. Seuton	File Number U- 03	- 807		
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8 Name and address of Business (including trade name, if any)	9 Business deals with:			
Name Preferred Health Professionals	a Labor Organization			
Trade Name, if any NA	b. Trust			
PO Box, Bldg., Room No., If any Suite 200	c. Employer			
Street 12920 Metralte Ave				
State Ausas ZIP Code + 4 W. 5 5938				
10 If 9.b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing.			
Name OPCM Health & Welfare Find	fleith Che Notwork			
Trade Name, if any	. '	-		
PO Box, Bldg, Room No, if any Suite 200				
Street 6905 Metcalic	11.b. Approximate dollar value of such dealing.	6.4.000		
city Overland Park	12.a. Nature of interest held or income received			
State KANSAS ZIP Code + 4 66202	12.a. Nature of interest held or income received  Base ball Tickets (Royals)	# 92.00		
	12.a. Nature of interest held or income received  Baseball Tickets (Royals)  Football Trekets (Chicks)	# 92.00 # 300.00		
	12.a. Nature of interest held or income received  Baseball Tickets (Royals)  Football Trekets (Chicks)			
	12.a. Nature of interest held or income received  Base ball Tickets (Royals)  Football Trekets (Chicks)  12 b Amount.	# 92.00 # 300.00		
	Baseball Tickets (Royals)  Football Trekets (Chicks)  12 b Amount.			
State ZIP Code + 4 66202  C. Received from any employer (other than an employer covered under	Baseball Tickets (Royals)  Football Trekets (Chicks)  12 b Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	Baseball Tickets (Royals) Football Trekets (Chicks)  12 b Amount.  Treparts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Baseball Tickets (Royals) Football Trekets (Chicks)  12 b Amount.  Treparts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	Baseball Tickets (Royals) Football Trekets (Chicks)  12 b Amount.  Treparts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg, Room No, if any  Street	Baseball Tickets (Royals) Football Trekets (Chicks)  12 b Amount.  Treparts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg, Room No, if any  Street  City	Baseball Tickets (Royals) Football Trekets (Chicks)  12 b Amount.  Treparts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg, Room No, if any  Street	Baseball Tickets (Royals) Football Trekets (Chicks)  12 b Amount.  Treparts A and B above) or other thing of value.			

Name of Person Filling KWIN D. Selfon	File Number U-	31-807			
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8. Name and address of Business (including trade name, if any)	9 Business deals with				
Name Arnold Newbold Winter					
Trade Name, if any: MA	a. Labor Organization  D. Trust				
PO. Box, Bldg , Room No , if any Sute /600	c. Employer				
Street 1/25 Grand					
City Kausas City		,			
State Missari ZIP Code + 4 GUIOG					
10 If 9.b or 9 c. is checked give trust or employer's name	11.a Nature of such dealing				
Name OPEM Frage Funds	Legal services	- <u>.</u>			
Trade Name, If any:		,			
PO Box, Bldg., Room No., if any Suk #200					
Street 6405 Metcalfe	11.b Approximate dollar value of such dealing	144574.46			
city Overland Park	12.a. Nature of interest held or income receive				
State KANSAS ZIP Code + 4 66202	Gift and O Christmas	-			
		_			
		<b>}</b>			
	12 b. Amount.	50:00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13.a. Name and address of Employer or Labor Relations Consultant	14 a. Nature of payment.				
(including trade name, if any)					
Name					
Trade Name, if any:	The same of the sa				
P O. Box, Bldg., Room No , If any		3,			
Street Company of the		and the state of the state of			
Street City		and the second			
Street Control of the					